

| LHD USE ONLY |
|----------------------|
| Date Received |
| Reviewer |
| Date LHD Approved |
| Date mailed to State |

| STATE USE ONLY |
|------------------------|
| Date Received |
| Date Mailed to LHD |
| Date Received From LHD |
| Reviewer/Date Approved |
| Mgr. Review/Date |

| | | | |
|--|------|-------|---------|
| Closure Plan prepared at the request of the owner/operator (identified below) by | | | |
| of (company name) | | | Phone # |
| Address | City | State | Zip |

A Contractor may prepare this Closure Plan as the owner/operator's agent. In preparing the Closure Plan, the Contractor must act with the owner/operator's knowledge and approval. The owner/operator must sign the Closure Plan.

This Closure Plan is submitted in compliance with the requirements contained in 40 CFR 280 Subpart G and R311-204 (U.A.C.)

| FACILITY INFORMATION | | | |
|--|--------------------------------------|--------------------------------------|---------|
| Tank Owner | | | Phone # |
| <input type="checkbox"/> sole proprietorship | <input type="checkbox"/> partnership | <input type="checkbox"/> corporation | |
| Address | City | State | Zip |
| Facility Name | | | |
| Address | City | State | Zip |
| Contact person | | | Phone # |
| Total number of regulated underground tanks at this site | | | |
| Total number of regulated underground tanks at this site <u>to be</u> closed | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| Tank # | | | | | | |
| Type (Steel,FRP,etc.) | | | | | | |
| Date Installed | | | | | | |
| Capacity | | | | | | |
| Substance stored* | | | | | | |
| Date last operated | | | | | | |
| Removed/In Place/ Change in Service (CIS)? | | | | | | |

*Indicate the specific substance stored in each tank to be closed (regular, unleaded, diesel, waste oil, etc.)

For waste oil tanks: Have degreasing or other types of solvents been stored or mixed with the waste oil?

Yes (identify if known) _____

No ☐

Not Known ☐

Analysis for lead or other contaminants may be required prior to disposal of contaminated soil or other material. (Check with your disposal facility.)

| | | | |
|-------------------------------|------|------------|-----------|
| TANK REMOVER Name | | Cert. # TR | Exp. Date |
| Company | | Phone # | |
| Address | City | State | Zip |
| SOIL/GROUNDWATER SAMPLER Name | | Cert. # GS | Exp. Date |
| Company | | Phone # | |
| Address | City | State | Zip |

Before the closure plan is submitted for approval, the local health and fire departments where the facility is located must be contacted. *If the facility is in Beaver, Carbon, Davis, Emery, Garfield, Grand, Iron, Kane, Salt Lake, San Juan, Wasatch, or Washington county contact DERR (UST) at (801)536-4100 instead of the local health district. You still must contact the local fire department in these counties.*

| | | | |
|---|-------|--------|--------|
| CONTACT LOCAL HEALTH DISTRICT: Name of Dist. | | | Date |
| Contact | Title | Phone# | |
| CONTACT LOCAL FIRE DEPT. Name of Dept. | | | Date |
| Contact | Title | Phone# | |
| DISPOSAL INFORMATION | | | |
| Tank(s) will be disposed at: Facility | | | |
| Address | City | State | Zip |
| Contact person | | | Phone# |
| Product lines will either be: <input type="checkbox"/> removed or <input type="checkbox"/> cleaned, secured in place, and capped. | | | |
| Vent lines will either be: <input type="checkbox"/> removed or <input type="checkbox"/> cleaned and secured open. | | | |
| Piping will be disposed at: Facility | | | |
| Address | City | State | Zip |
| Contact person | | | Phone# |
| Tank(s) will be emptied by: company | | | Phone# |
| Tank(s) will be cleaned by: company | | | Phone# |
| Contaminated water in the tank/rinsate will be disposed at: Facility | | | |
| Contact person | | | Phone# |
| Tank(s) will be: <input type="checkbox"/> purged or <input type="checkbox"/> rendered inert by the following method: | | | |
| Residual sludges will be disposed at the following facility: | | | |
| Address | City | State | Zip |
| Contact person | | | Phone# |

| | | | |
|---|--------|----------------|------|
| FOR CLOSURE IN PLACE ONLY | | | |
| <input type="checkbox"/> Approval for in-place closure has been granted by the Local Fire Department. | | | |
| Fire Dept. | Phone# | Contact person | Date |
| <input type="checkbox"/> Approval for in-place closure has been granted by the Local Health Department. | | | |
| Health Dept. | Phone# | Contact person | Date |

SITE ASSESSMENT

A site assessment must be performed for all UST closures and change-in-service. Site assessments must be performed as outlined in 40 CFR 280.72 and R311-205 (U.A.C.). If contamination is suspected, additional samples must be collected at the location where contamination is most likely to be present. If groundwater is encountered, a soil sample must be collected, in the unsaturated zone, in addition to each groundwater sample. Soil and groundwater samples must be analyzed for the compounds shown in the following table, using appropriate lab methods.

Analytical Methods for Environmental Sampling at Underground Storage Tank Sites in Utah

| Substance or Product Type | Contaminant Compounds to be Analyzed for Each Substance or Product Type | ANALYTICAL METHODS ¹ |
|---------------------------|---|---|
| | | Soil, Groundwater or Surface Water |
| Gasoline | Total Petroleum Hydrocarbons (<u>purgeable</u> TPH as gasoline range organics C ₆ - C ₁₀) | EPA 8015B <u>or</u> EPA 8260B |
| | Benzene, Toluene, Ethyl benzene, Xylenes, Naphthalene, (BTEXN) and MTBE | EPA 8021B <u>or</u> EPA 8260B |
| Diesel | Total Petroleum Hydrocarbons (<u>extractable</u> TPH as diesel range organics C ₁₀ - C ₂₈) | EPA 8015B |
| | Benzene, Toluene, Ethyl benzene, Xylenes, and Naphthalene (BTEXN) | EPA 8021B <u>or</u> EPA 8260B |
| Used Oil | Oil and Grease (O&G) or Total Recoverable Petroleum Hydrocarbons (TRPH) | EPA 1664A <u>or</u> EPA 1664A (SGT*) |
| | Benzene, Toluene, Ethyl benzene, Xylenes, Naphthalene (BTEXN) & MTBE; <u>and</u> Halogenated Volatile Organic Compounds (VOX) | EPA 8021B <u>or</u> EPA 8260B |
| New Oil | Oil and Grease (O&G) or Total Recoverable Petroleum Hydrocarbons (TRPH) | EPA 1664A <u>or</u> EPA 1664A (SGT*) |
| Other | Type of analyses will be based upon the substance or product stored, and as approved by the Executive Secretary (UST) | Method will be based upon the substance or product type |
| Unknown | Total Petroleum Hydrocarbons (<u>purgeable</u> TPH as gasoline range organics C ₆ - C ₁₀) | EPA 8015B <u>or</u> EPA 8260B |
| | Total Petroleum Hydrocarbons (<u>purgeable</u> TPH as diesel range organics C ₁₁ - C ₁₅) | EPA 8015B <u>or</u> EPA 8260B |
| | Benzene, Toluene, Ethyl benzene, Xylenes, and Naphthalene (BTEXN); <u>and</u> Halogenated Volatile Organic Compounds (VOX) | EPA 8021B <u>or</u> EPA 8260B |

¹ The following modifications to these certified methods are considered acceptable by the Executive Secretary (UST):

- Dual column confirmation may not be required for TPH and BTEXN/MTBE analysis.
- A micro-extraction or scale-down technique may be used for aqueous samples, but only for the determination of extractable TPH as diesel range organics (C₁₀ - C₂₈).
- Hexane may be used as an extraction solvent.
- *Silica Gel Treatment (SGT) may be used in the determination of Total Recoverable Petroleum Hydrocarbons.

NOTE: The sample preparation method and any modification(s) to a certified method must be reported by the laboratory

All materials generated from UST closures must be managed and disposed in a manner that does not place those materials in direct contact with the environment. On-site stockpiling of contaminated soils may be required prior to any soil management activities. *Any person providing remedial assistance for a fee, including aeration and over-excavation (of more than 50 yd³), must be a Certified UST Consultant.*

| | | | |
|----------------|-------|-------|-----|
| Address | City | State | Zip |
| Contact person | Phone | | |

CONTAMINATION INFORMATION

SAMPLE INFORMATION TABLE

[illegible]

4 Appropriate analysis methods for contaminant compound(s) in each sample (from table on p. 3).

Facility Site Plat (Closure Plan)

The site plat must be drawn to an appropriate identified scale. It must show planned sampling locations, substances stored in tanks, and other relevant information. Tank and sample identification numbers must be consistent with the information given on p. 1 and 4 of the Closure Plan.

North

Scale: 1"= ____ Feet

| | | |
|--------------------|-----------------|-------------|
| Facility ID: _____ | Drawn By: _____ | Date: _____ |
|--------------------|-----------------|-------------|

X = Sample locations (SS-#, WS-#, USC-#)

q = Monitoring Wells (MW-#)

○ = Soil boring (SB-#), or Geoprobe Boring (GP-#)

● = Water Wells (domestic, livestock, etc.)

Slope of Surface Topography: (N,NW,W,SW,S,SE,E,NE)

Land Use At Site: __Residential __Commercial __Industrial

Surrounding Land: __Residential __Commercial __Industrial

Site Plat Must Indicate Approximate Locations Of:

U Current & former tanks, piping & dispensers

U Location of all samples to be taken

U Buildings, fences, & property boundaries

U Utility conduits (sewers, gas, water, storm drains, electrical, etc.)

| | | | |
|--|------|-------|-----|
| Approximate depth to groundwater in the vicinity of the tanks: feet. | | | |
| Regional groundwater flow direction: | | | |
| State Certified Laboratory to be used: | | | |
| Address | City | State | Zip |
| Contact Person | | Phone | |

| |
|--|
| Please explain any unusual or extenuating circumstances expected regarding the site assessment or closure: |
| |
| |
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| |
| |
| |
| |

I certify under penalty of law that I am the owner/operator of the tank(s) referenced above and that I am familiar with the information on this form and that it is true, accurate and complete, and further, that the procedures described herein will be followed during tank closure.

| | |
|-------------------------|------|
| Signature of tank owner | |
| Full Name of tank owner | Date |